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MARGIN RESERVED FOR BINDING. N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH				BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		State File No. <u>619</u>			
County <u>Yuma</u>	State <u>Arizona</u>	Local Registrar's No. <u>87</u>			
District or Township <u>Yuma</u>	or Village				
City <u>Yuma</u>	No. _____	St. _____	Ward _____		
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Guadalupe Carrillo</u>					
(a) Residence, No. <u>8th St + N. 1st Ave.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred <u>27</u> yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR or RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>Widowed</u>			
(Write the word)					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day and year)					
7. AGE <u>66</u> Years	Months	Days	IF LESS than 1 day _____ yrs. min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u>					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) (State or country) <u>Corona California</u>					
10. NAME OF FATHER <u>Louis Regalva</u>					
11. BIRTHPLACE OF FATHER <u>Mexico</u> (city or town)					
12. MAIDEN NAME OF MOTHER <u>Guadalupe Regalva</u>					
13. BIRTHPLACE OF MOTHER <u>California</u> (city or town)					
14. Informant <u>Johnson</u> (Address) <u>Yuma Arizona</u>					
15. Filed <u>May 13 1930</u> Registrar <u>Johnson</u>					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>May 13 1930</u>					
17. HEREBY CERTIFY, That I attended deceased from <u>May 10 1930</u> to <u>May 13 1930</u> that I last saw him alive on <u>May 13 1930</u> and that death occurred, on the date stated above, at <u>10:00 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Cerebral Hemorrhage from Arterio-sclerosis.</u>					
(duration) _____ yrs. _____ mos. <u>3</u> ds.					
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.					
18. Where was disease contracted if not at place of death? _____					
Did an operation precede death? _____ Date of _____					
Was there an autopsy? _____					
What test confirmed diagnosis? _____ (Signed) <u>M. D. [Signature]</u> M. D. <u>May 13 1930</u> (Address) <u>Yuma Ariz.</u>					
* State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Cemetery</u>				DATE OF BURIAL <u>5/13-30</u>	
20. UNDERTAKER <u>Johnson</u>				ADDRESS <u>Yuma Arizona</u>	